

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Complete if Known		
			Application Number	10/698,954	
			Filing Date	October 31, 2003	
			First Named Inventor	DiFrancesco, David	
			Art Unit	2621	
			Examiner Name	Anyikire, Chikaodili E.	
Sheet	1	of	1	Attorney Docket Number	021751-002150US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	1	6,226,033	05-01-2001	Glasgow	
	2	6,262,790	07-17-2001	Kinjo	
	3	6,842,194	01-11-2005	Sugihara	
	4	7,053,927	05-30-2006	Jones et al.	
	5	7,369,179	05-06-2008	Lippman	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
								<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
			<input type="checkbox"/>

Examiner Signature	/Chikaodili Anyikire/	Date Considered	12/17/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.